

Franklin County, Ohio

Sequential Intercept Mapping Final Report

March 28 – 29, 2018

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Sequential Intercept Mapping

Table of Contents

Sequential Intercept Mapping	- 2 -
Introduction	- 2 -
Background	- 2 -
Values	- 2 -
Objectives of the Sequential Intercept Mapping Exercise	- 3 -
Keys to Success	- 3 -
Existing Cross-Systems Partnerships	- 3 -
Representation from Key Decision Makers	- 4 -
Franklin County Sequential Intercept Map	- 6 -
Franklin County Sequential Intercept Map Narrative	- 7 -
Intercept I: Law Enforcement / Emergency Services	- 7 -
Intercept II: (<i>Following Arrest</i>) Initial Detention / Initial Court Hearing	- 10 -
Intercept III: Jails / Courts	- 12 -
Intercept IV: Prisons / Reentry	- 14 -
Intercept V: Community Corrections / Community Support	- 16 -
Franklin County Priorities	- 19 -
Top Priorities	- 19 -
Other Priorities	- 19 -
Additional Resources	- 20 -
Participant List	- 22 -
Action Planning Matrix	- 24 -
Appendices	- 29 -
Appendix A	- 30 -

Franklin County, Ohio

Sequential Intercept Mapping

Introduction

The purpose of this report is to provide a summary of the *Sequential Intercept Mapping* and *Taking Action for Change* workshops held in Franklin County, Ohio on March 28 & 29, 2018. The workshops were sponsored by the Franklin County Office of Justice Policy and Programs, who provided staff to coordinate the effort along with a local planning team comprised of representatives from behavioral health and criminal justice agencies and the community. This report includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A *sequential intercept map* as developed by the group during the workshop
- An action planning matrix as developed by the group
- Observations, comments, and recommendations to help Franklin County achieve its goals

Recommendations contained in this report are based on information received prior to or during the *Sequential Intercept Mapping* workshops. In addition, information was received during the weeks and months after the workshops. Facilitators have tried to organize the information to represent items that were provided during and after the workshops, recognizing that community stakeholders continue to provide additional information to inform this process and this is very much a working document. Additional information is provided that may be relevant to future action planning.

Background

The Franklin County Office of Justice Policy and Programs requested the *Sequential Intercept Mapping* and *Taking Action for Change* workshops in partnership with the Franklin County Board of Commissioners, the Franklin County Sheriff's Office, and the Franklin County Alcohol, Drug Addiction and Mental Health Board (ADAMH), to aid Franklin County with:

- Creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a prioritized action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

The participants in the workshop included fifty registered individuals representing multiple stakeholder systems including mental health, substance use treatment, human services, Veteran's Administration, corrections, legal counsel, individuals in recovery and peer support/advocacy, law enforcement, and the courts. Additional individuals may have joined portions of the exercise. A complete list of registered participants is available in the resources section of this document. Jenny O'Donnell, Douglas Powley and Ruth H. Simera from the Criminal Justice Coordinating Center of Excellence, facilitated the workshop sessions.

Values

Those present at the workshop expressed commitment to open, collaborative discussion regarding improving the cross-systems response for justice-involved individuals with mental illness and co-occurring disorders. Participants agreed that the following values and concepts were important

components of their discussions and should remain central to their decision-making: *Hope, Choice, Respect, Compassion, Abolishing Stigma, Using Person-First Language, Celebrating Diversity, and the belief that Recovery is Possible.*

Objectives of the Sequential Intercept Mapping Exercise

The *Sequential Intercept Mapping* Exercise has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Franklin County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The Franklin County Sequential Intercept Map created during the workshop can be found in this report on page 6. Upon review of the original map in the months following the SIM exercise, stakeholders revised the map with items added in red font.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

As noted in the letter of request for Sequential Intercept Mapping, Franklin County has a strong history of collaboration among stakeholders and has demonstrated recent and ongoing efforts to address the overrepresentation of individuals with mental illness involved in the justice system. Franklin County was selected by the Council of State Government's *County Justice and Behavioral Health Systems Demonstration Project* initiative to participate in a year-long data driven project overseen by the Franklin County Criminal Justice Planning Board, culminating in a final report in May 2015. This Planning Board will also provide oversight to the activities associated with Sequential Intercept Mapping and will largely use existing sub-committees to tie in the work groups established during the mapping workshop. The Franklin County Board of Commissioners accepted the report of the Council of State Governments Justice Center and passed a resolution in May 2015 supporting the Stepping Up Initiative of the National Association of Counties, the Council of State Governments Justice Center and the American Psychiatric Foundation, to reduce the number of people with mental illnesses in jails. Other local examples of collaboration targeted at this issue include specialty court development, Crisis Intervention Team training, cross-systems training, and multiple large-scale multi-agency federal grant programs.

Consumer Involvement

The local planning team included one individual with identified lived experience serving in a peer support role, with a second individual in long term recovery also present during the workshop.

Representation from Key Decision Makers

- The group composition provided reasonable cross-system representation with key decision makers present for the court system, jail, and mental health system.
- Key players that were missing at the workshops: hospital representation and victim advocacy.

Data Collection

- The Franklin County Planning Team compiled the following items to be reviewed by CJ CCoE facilitators in preparation for the workshops and to be included in the workshop manual:
 - Completed Community Collaboration Questionnaire
 - Franklin County Jail Data for 2016 and 2017
 - Franklin County *Stepping Up* Initiative Resolution, May 19, 2015
 - Franklin County, Ohio: A County Justice and Behavioral Health Systems Improvement Project, May 2015
- Additional data provided by the Criminal Justice Coordinating Center of Excellence included:
 - Franklin County Crisis Intervention Team Cumulative Training Report, with Ohio CIT Map, Dispatcher/Call-Taker Training of CIT Trainers Map, and CIT Coordinator Courses map – status of Crisis Intervention Team Development in Ohio, March 1, 2018
 - Franklin County CIT Officers Roster Project Summary Report, September 2015
 - Franklin County CIT Peer Review, June 24, 2012

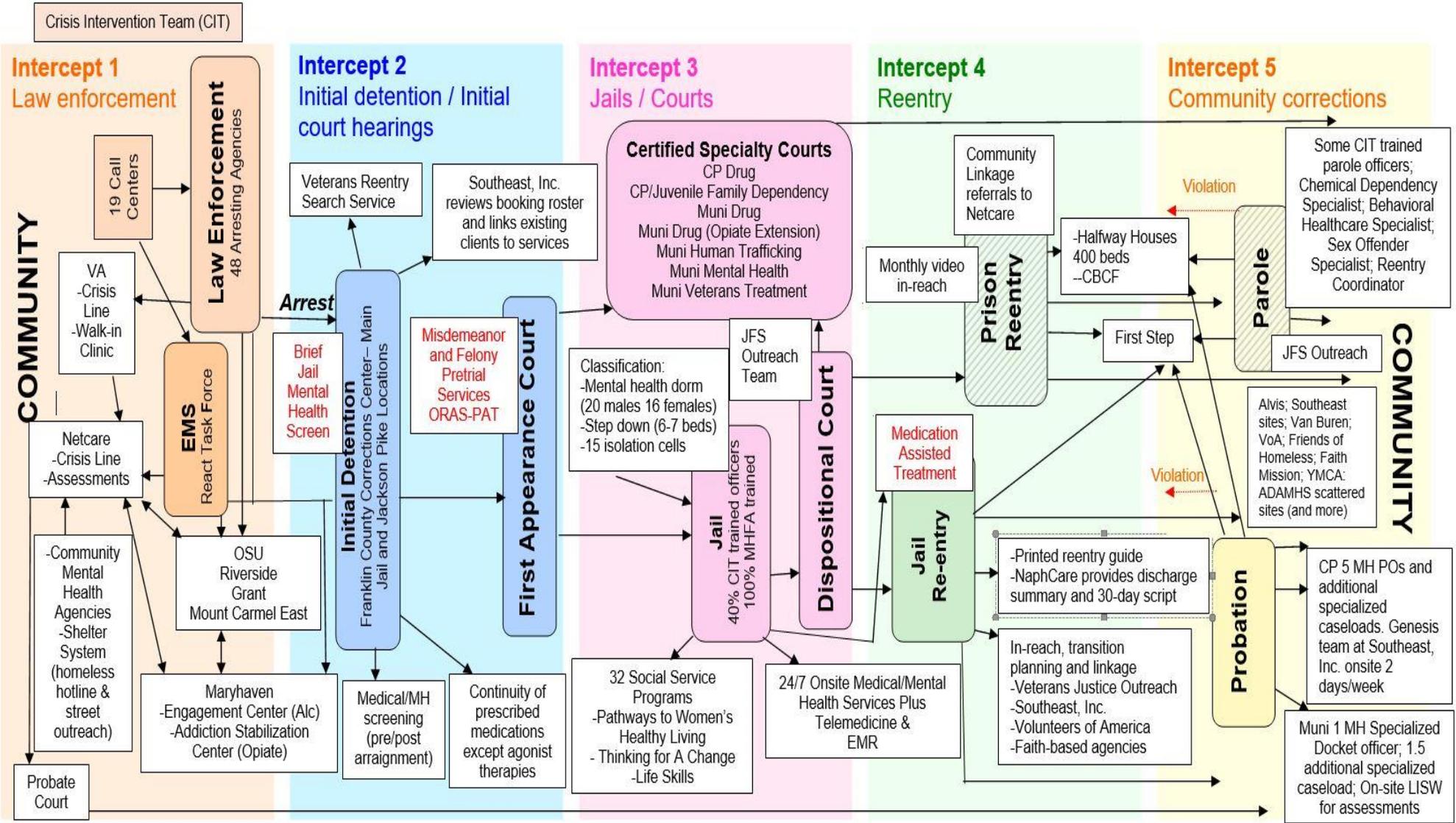
General Recommendations:

- At all stages of the Intercept Model, seek opportunities to utilize and share data and information across systems, both public and private, that will aid in identifying and documenting the involvement of people with severe mental illness and often co-occurring disorders in the Franklin County criminal justice system and promoting use of alternatives.
- Be strategic in collecting data. Identify and clearly define across systems the population being addressed so that a specific data set can be tracked to gauge improvement and inform the mental health and criminal justice systems of needs within the systems and needs of persons being served.
- It was noted during the workshop that people of color and under-represented populations are also under-represented in specialty dockets and diversion programming. This warrants a closer look at data and may provide an opportunity for greater outreach and education around implicit bias.

Sequential Intercept Mapping

Franklin County, Ohio

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships – Franklin County March 2018



Franklin County Sequential Intercept Map Narrative

The *Sequential Intercept Mapping* exercise is based on the Sequential Intercept Model developed by Mark Munetz, MD and Patty Griffin, PhD in conjunction with the National GAINS Center (Munetz & Griffin, 2006). During the exercise, participants were guided to identify gaps in services, resources, and opportunities at each of the five distinct intercept points.

This narrative reflects information gathered during the *Sequential Intercept Mapping* Exercise. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Franklin County Sequential Intercept Map. The cross-systems local planning team may choose to revise or expand information gathered in the activity.

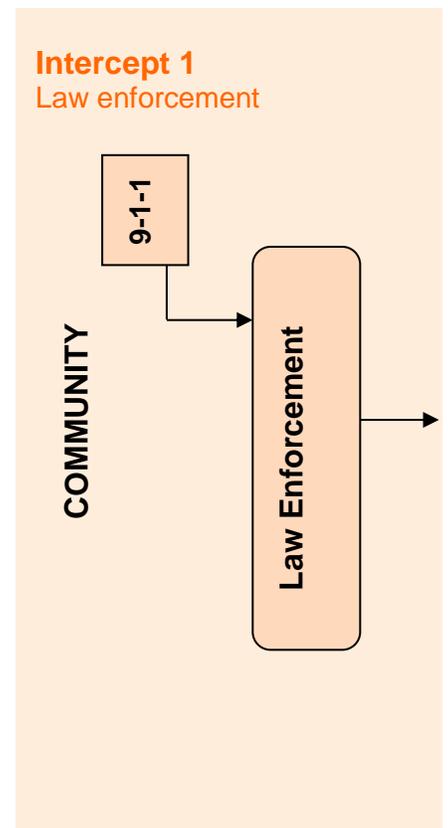
The gaps and opportunities identified in this report are the result of “brainstorming” during the workshop and include a broad range of input from workshop participants. These points reflect a variety of stakeholder opinions and are therefore subjective rather than a majority consensus. In some instances, the local task force may need to seek further information from participants to clarify the context or scope of the comments.

Intercept I: Law Enforcement / Emergency Services

In Franklin County, law enforcement is accomplished by the County Sheriff’s Office, Ohio State Highway Patrol, and local law enforcement agencies in various towns or cities. Law enforcement options for responding to people with mental illness include advise, summons, arrest, transport to county jail, referral to provider agencies, involuntary civil commitment (pink slip), referral to hospital emergency departments, or a combination of these options.

Dispatch / 9-1-1

- Franklin County has 19 call centers. All centers have access to training re: mental illness and/or the Crisis Intervention Team (CIT) model.
 - Five individuals from Franklin County, representing Columbus Police Department, Dublin Police Department, Franklin County ADAMH Board, and NAMI Franklin County completed the statewide Training of CIT Dispatch Trainers in 2017. Two Netcare personnel assisted as speakers in the training.
 - Fifty-one dispatchers completed an 8-hour CIT course in 2017.
- Columbus Division of Police and Whitehall Police Department call centers utilize common codes, including mental health code 16D and suicide code 10.
- Columbus Division of Police call center will dispatch a CIT trained officer if one is available.
- Franklin County Sheriff’s Office call center utilizes a script and mental health codes.



Law Enforcement and Crisis Intervention Team model

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued April 2017, Franklin County has 48 Law Enforcement Agencies, including state agencies that do not play a central role in responding to individuals in the community. All are listed here, but those state agencies will be factored out in the next paragraph that addresses Crisis Intervention Team involvement: Bexley Police Department, Blendon Township Police Department, Brice Police Department, Capital University Police Department, Clinton Township Police Department, Columbus Airport Authority, Columbus and Franklin County Metro Parks, Columbus Developmental Center, Columbus Police Department, Columbus State Community College Police Department, CSX Railroad Police Department, Dublin Police Department, Franklin County Sheriff’s Office, Franklin Township Police Department – Franklin, Gahanna Police Department, Grandview Heights Police Department, Grove City Police Department, Groveport Police Department, Harrisburg Police Department, Hilliard Police Department,

Madison Township Police Department, Mifflin Township Police Department, Minerva Park Police Department, New Albany Police Department, Obetz Police Department, ODPS – Investigative Unit Headquarters, Ohio Casino Control Commission, Ohio Department of Natural Resources – Division of Parks and Watercraft, Ohio Department of Natural Resources – Division of Wildlife, Ohio Department of Natural Resources –Office of Law Enforcement, Ohio Department of Taxation, Ohio Health Police Department, Ohio House of Representatives, Ohio Senate, Ohio State Fire Marshall, Ohio State Highway Patrol Police, Otterbein Police Department, Perry Township Police Department – Franklin, Reynoldsburg Police Department, Sharon Township Police Department, State of Ohio Auditor’s Office, The Ohio State University Police Division, Twin Valley Behavioral Healthcare – Franklin, Upper Arlington Police Department, Valleyview Police Department, Westerville Police Department, Whitehall Police Department, and Worthington Police Department, with an estimated 3,958 full-time officers.

- The Franklin County ADAMH Board and Columbus Police Department co-coordinate the Crisis Intervention Team program and training for Franklin County. As of April 1, 2018, the Franklin County CIT training program had held 48 courses. Most Law Enforcement Agencies have participated in CIT training, which is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays including practice of de-escalation skills. Records indicate that 1,059 full-time officers have completed CIT training. Of the community-based law enforcement agencies, the following have not yet participated in CIT training: Blendon Township Police Department, Columbus Developmental Center, CSX Railroad Police Department, Franklin Township Police Department, Groveport Police Department, Minerva Park Police Department, Ohio State Highway Patrol Police Department, Sharon Township Police Department, and Valleyview Police Department.
 - Twenty-three EMS/Fire personnel have completed the full 40-hour CIT course.
 - CIT training is provided at the Columbus Police Training Academy for new cadets; however, upon completion officers are not automatically assigned to the CIT team. The 40-hour course is coordinated by Columbus Division of Police for all law enforcement jurisdictions in Franklin County in partnership with the Mental Health and Recovery Services Board and various providers and stakeholders.
- EMS normally co-responds for suicide attempts and threats, or other situations involving harm or potential harm.
- Law Enforcement in attendance at the workshop indicated that when intervening with an individual in a mental health crisis, officers first attempt to get voluntary compliance. Services available to police at this point of contact include Netcare Access, Chalmers P. Wylie Veterans Administration (VA) Ambulatory Care Center and hospital emergency rooms. Individuals that are considered a flight risk are transported to Ohio State University Wexner Medical Center.
- Franklin County Sheriff’s Office estimated that most of their encounters result in arrest and transport to Franklin County Corrections Center due to lack of one-stop drop-off. This is reflective of a larger challenge whereby law enforcement may not be the first choice but is the only choice in some situations where a law has not been broken.
- Columbus Division of Police collects CIT data via a stat sheet; however, information is not widely disseminated. In addition, the Franklin County Sheriff’s Office is in the process of capturing similar data for mental health calls.
- The use of citations/summons in place of arrest is dependent on the offense. The Prosecutor’s Office reported that 85% of individuals are summoned. There is no formal agreement with the court, but officers exercise discretion.

Crisis Services

- The county does not have a 24/7 drop-off crisis stabilization center or mobile crisis team.
- Netcare Access operates a 24-hour crisis hotline and 5-day assessment/referral center. Individuals can be transported to the center via Law Enforcement or pre-paid taxi.
- Maryhaven Engagement Center operates a 24-hour shelter for individuals with alcohol intoxication.
- Southeast, Inc. and numerous other agencies provide mental health and substance use disorder treatment and healthcare services during business hours. Individuals are referred to Netcare Access if in crisis.
- Shelter System operates a 24-hour homeless hotline and street outreach services. Individuals are referred to Netcare Access if an assessment is needed.

Hospitals / Emergency Rooms / Inpatient Psychiatric Centers

- The state hospital is Twin Valley Behavioral Healthcare Hospital in Columbus.
- Franklin County has nine local hospitals; typically, Ohio State University Wexner Medical Center, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, and Mount Carmel East are utilized by Law Enforcement; all have Emergency Departments.
 - Ohio State University Wexner Medical Center has a locked unit.
 - Typically, the responding officer is required to stay at the hospital until a disposition is determined.
 - Individuals are referred to Netcare Access if an assessment is needed.
- EMS/Fire operates RREACT, which responds to all local hospitals post opioid overdose.

Detoxification

- Netcare Access operates a detoxification center.
- Maryhaven Addiction Stabilization Center operates detoxification services for individuals with alcohol and/or opiate use disorders.

Probate

- Individuals are referred to Netcare Access if an assessment is needed.
- Discussion occurred regarding the dramatic increase in probate pick-up orders and use of Sheriff's Office deputies to carry out these orders, placing a large financial and workforce burden on the Sheriff's Office. Last year there were 1800 Probate transports, including transports to hearings and between agency providers. Physicians have agreed to participate in video-conferencing for hearings, but attorneys have not yet agreed to this. Those present agreed this needed further investigation to assess the nature of the orders, identify trends and patterns, and determine if alternative responses are viable.

Veterans

- Chalmers P. Wylie Veterans Administration (VA) Ambulatory Care Center operates during business hours.
- The VA operates a national 24-hour crisis line.

Intercept I Gaps

- Netcare Access crisis line and services are not advertised
- Educate the public on why dispatch asks certain questions and why law enforcement utilized protocols
- All dispatchers trained on CIT and how to have a warm-hand off to Netcare Access crisis line
- Education of administration/decision-makers, re: cost savings of training all call takers/dispatchers
- Bed capacity for detox services and Medicaid clients
- CIT officers not available on 100% of requested calls
- Knowledge of what happens to homeless individuals
- Education around communication between services and Law Enforcement, i.e. Health Insurance Portability and Accountability Act (HIPAA)
- High number of probate warrants tying up SWAT
- Capacity at Netcare Access
- One stop drop off for mental health/substance use disorders; no wrong door 24/7 access with secure unit (outside of Netcare Access and local hospitals)
- Information sharing and common data platform
 - Law Enforcement does not have access to an individual's basic mental health information

Intercept I Opportunities

- VA crisis line on prescription bottles
- Mobile crisis with Columbus Division of Police and Netcare Access
- Incorporate Computer-Aided Dispatch (CAD) system notes with Columbus Division of Police stat sheet

- Uniform codes for dispatch centers

Recommendations:

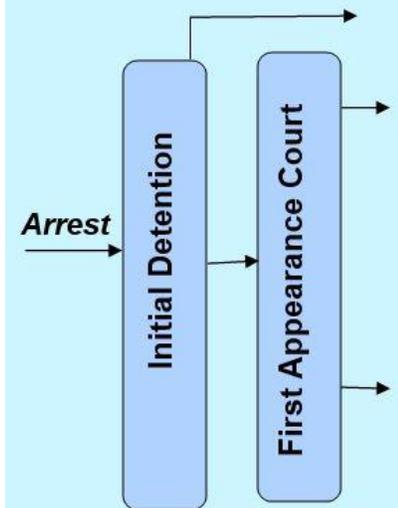
- Jurisdictions should consider how best to utilize CIT officers, i.e., scheduling shifts to ensure CIT coverage and promoting the use of CIT officers on mental illness crisis calls.
- Implement an encounter form to be used by all Law Enforcement agencies. Work toward a consistent procedure across all Law Enforcement agencies for collecting and analyzing Law Enforcement data on mental health calls and dispositions and sharing encounter information with the mental health system. This will enable earlier mental health response for clients with repeat contacts and potentially clients experiencing early episodes of psychosis or other mental illness crisis, as well as a means for evaluating Law Enforcement strategies and outcomes when interacting with persons in crisis who have a mental illness.
- Consider developing Peer Recovery/Support Services that can be utilized at various points of intercept, including hospital emergency departments.

Intercept II: (*Following Arrest*) Initial Detention / Initial Court Hearing

Initial Detention

- Franklin County Corrections Center has two locations: the Main Jail and Jackson Pike. The Main Jail is a 402-bed facility that houses males and felons; Jackson Pike is a 1,066-bed facility that houses males and females, felons and misdemeanants.
- Jackson Pike and the Main Jail have a common booking and classification process as well as a combined average of 80-100 bookings per day. The majority of individuals booked into the jail are under the influence of alcohol and/or substances.
 - All potential inmates are screened before acceptance in the facility. The medical intake screening is conducted by Registered Nurses and includes mental health screening (Brief Jail Mental Health Screen). Electronic record flags individuals with medical needs.
 - The arresting officer is required to stay until the individual is accepted into the facility.
 - During the intake screening, if an individual is in crisis, staff refers to mental health, which are on site 24/7.
 - Upon acceptance, individuals are placed in pre-arraignment housing. After arraignment inmates are screened using the Northpointe classification tool for purposes of determining appropriate housing assignment.
- Outside medications are permitted and verified typically within 8-hours. Individuals are maintained on current medications until seen by the psychiatrist; methadone and suboxone are restricted unless pregnant; however, a vivitrol program is available.
- Southeast, Inc. reviews the jail roster and links with any active agency/client. They do not review the summons list (people appearing on court docket from community).

Intercept 2 Initial detention / Initial court hearings



Arraignment

- Franklin County has one Municipal Court located in Columbus. All felony and misdemeanor initial hearings take place in this court in-person; there is no video-conferencing of hearings. Individuals booked into jail prior to 11:00 PM are seen next day, except for Sundays and holidays.
- Typically, no information is relayed to the court from the jail during the initial detention.
- The arraignment process is the same for individuals summoned and those arrested – a brief interview and plea. Eligibility is determined for public defense.

- The Public Defender's office represents both misdemeanor and felony cases. The Prosecutor's Office is represented at initial hearings, but it was unclear whether assigned counsel is present at all initial hearings in Municipal and Common Pleas Courts.
- A greater number of individuals charged with misdemeanor crimes and OVI (operating a vehicle impaired) are being screened by the new Municipal Court Pretrial Services, funded by a grant through the Ohio Department of Rehabilitation and Correction. Screenings are conducted in both jails, as early as 2:00 a.m. by seven probation officers and one full-time supervisor six days/week, utilizing the Ohio Risk Assessment System-Pretrial Assessment Tool (ORAS-PAT) and verification of the individual's living situation. Bail recommendations are risk-based. It is not uncommon for the court to release individuals on bond and/or with supervision and issue a summons later (sometimes associated with the wait on evidence/labs). The program intends to add individuals charged with domestic violence in the future. Currently lethality assessments are completed for domestic violence cases, as often mental health concerns are present. Outreach occurs with victims of domestic violence prior to arraignment.
- Common Pleas Pretrial Services completes a criminal background check and provides information to the Municipal Court.
- The Public Defender's Office assisted in setting up the pretrial process. Public Defenders appear at an early stage and work hard to divert and resolve cases before they reach the Common Pleas level, including informal screening for substance use disorder and mental health concerns, enough to flag a request for further assessment. Public Defenders are playing an active role in determining what information is being provided the court.
- In Common Pleas Court, more arraignments are in-custody than out of custody. Initial appearance is with Court Magistrates, and individuals have legal counsel present. Pretrial Services perform a criminal history check/ record review, complete an ORAS PAT and the current incident is read onto the record. Prosecutor and defense counsel add additional background. The court does not order to evidence-based mental health practices as a condition of bond or pretrial supervision.

Veterans

- There is a screening question included in the jail intake.
- The jail disseminates the jail roster to the Veterans Reentry Search Services and based on results the Veterans Justice Outreach (VJO) provides in-reach, mental health assessments and eligible and appropriate referral to the Veterans Treatment Court.

Intercept II – Identified Gaps

- Pretrial services are not utilizing a validated mental illness screening tool
- ORAS not completed for every felony case at arraignment due to staffing concerns
- Up to two years wait for re-indictment (felony specific)
- Lack of validated mental health and substance use disorder screen and risk assessment at pretrial for felonies
- Concern with bail bonds
- Information sharing from the jail to the court
- Southeast, Inc. is not receiving summons information
- Funding for starting anti-psychotic long acting injectables in jail
- Not ordering evidenced based mental health practices as conditions of bond

Intercept II – Identified Opportunities

- Summons information is posted by the Clerk's Office
- Case management system for information sharing

Recommendations

- Consider ways to increase early access to legal counsel for individuals with mental illness. Legal counsel is important as early as possible in the criminal justice process, ideally at first court appearance, especially for individuals with serious mental illness. Addressing issues related to rights, bond, bail, negotiations with Law

Enforcement and prosecutors and collateral consequences of plea decisions are best addressed early on and with appropriate counsel.

- Establish expectations for meaningful, appropriate, and timely sharing of information across systems to improve continuity of care of clients and decrease barriers to effective management of cases where clients have a high level of need. The January 2019 issuance of the Ohio Department of Medicaid statewide Standardized Authorization (release of information) form may be helpful in developing agreed upon pathways for improved information sharing.

Standard Authorization Form

Providers should be aware that a new form, Standard Authorization Form (Form Number: ODM 10221), is now available. The purpose of the form is to improve care coordination for a patient across multiple providers by making it easier to share protected health information in a secure manner. The form is applicable to all covered entities in Ohio. It is not required to be used, but a properly executed form must be accepted by the receiving entity. **The requirement to accept a properly executed form is applicable within 30 days of January 3, 2019.**

[Standard Authorization Form](#) | [Spanish](#)

[Instructions for Completing Standard Authorization Form](#) | [Spanish](#)

Additional details about the Standard Authorization Form are available in the [fact sheet](#)

Questions about the Standard Authorization Form may be directed to

StandardAuthForm@medicaid.ohio.gov

[Introductory video on the Standard Authorization Form](#)

[Instructional video on the Standard Authorization Form](#)

[Ohio Hospital Association Standard Authorization Form Webinar](#)

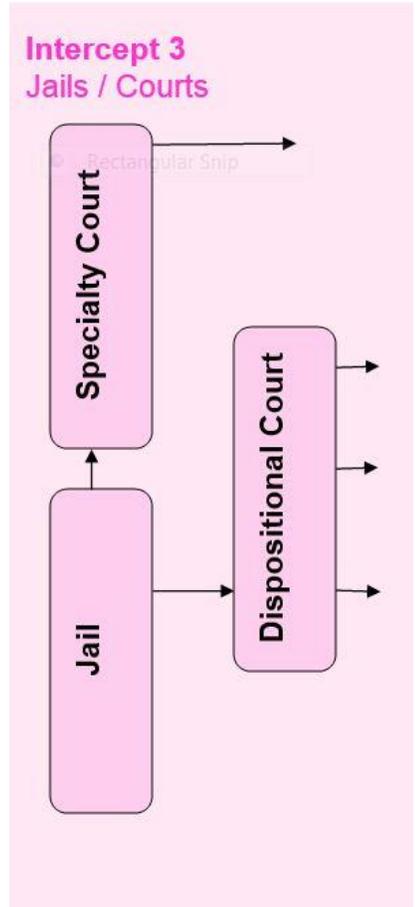
- Consider use of validated risk assessment tools and investigation in the pretrial stage of Common Pleas, to enable release decisions based on risk and court orders for conditions of release to include mental health evaluations and/or participation in treatment recommendations for individuals with mental illness and substance use disorders.

Intercept III: Jails / Courts

Jail

- The Franklin County Corrections Center average length of stay is 17 days and the average daily population was 1,967 in 2017.
- 40% of Corrections Officers have completed CIT training and 100% have completed Mental Health First Aid training.
- The jail does not currently capture data on individuals with mental illness; as a result, recidivism and length of stay information is not available for this target population.
- The jail provides contracted medical and treatment services through NaphCare. A new contract was recently negotiated to include enhanced medical and mental health services, outlined in the following bullets. Probation representatives indicated that the new contract and services is working well, taking less staff time and increases the happiness of inmate families.
- Medical and mental health services are available 24/7 onsite via eight master's level mental health professionals, a psychiatric nurse practitioner, a psychiatrist, and a mental health director. Telepsychiatry and telemedicine are available as well, and the system is equipped with an Electronic Medical Record (EMR).
- Individuals with mental health concerns can be separated from the general population via medical/mental health staff recommendation combined with findings from the Corrections classification tool. The Main Jail has a dedicated floor for mental health, which consists of 20 beds. Jackson Pike has 16-beds for females. Several step-down beds as well as 15 isolation cells for individuals with behavior concerns are available as well.

- The county is seeking funding support to enable new prescriptions of anti-psychotic long-acting injectable (LAI) medications. Currently individuals can be maintained on LAIs if they already have a prescription prior to entering jail, but they cannot be started on LAIs as they are cost prohibitive.
- Southeast Inc. is a primary provider of in-reach services to jail inmates, including assessments, referral and linkage, and Medication Assisted Treatment (MAT).
- Individuals that are 55 years and older can be separated from the general population and placed in two dorms. The jail does not have dedicated space for Veterans but is reviewing this as a possible need.
- The jail has 32 social service programs available to individuals including: Alcoholic Anonymous (AA), Narcotics Anonymous (NA), faith-based programming six days/week, anger management, parenting classes, Moral Reconciliation Therapy (MRT), and *LifeSkills* training. Social service staff determines program eligibility.
 - Both Probation Departments offer *Thinking for a Change* within the jail. Typically, courts are not informed of participation unless they ask about a specific client; however, updates can be provided in a multitude of circumstances and manners. *LifeSkills* is another evidence-based program being offered in the jail; however, neither program is operating with full fidelity given the limitations of the jail and the average length of stay of most inmates, which prohibits completion of the full cycle of the programs.
 - The Franklin County Sheriff's Office in collaboration with the Franklin County Office of Justice Policy and Programs provides an 8-week Pathways to Women's Healthy Living cognitive-behavioral program that is targeted at women with a mental health diagnosis, co-occurring disorders, re-occurring history of jail bookings, and medium/high criminogenic risk. Eligibility is determined by ORAS results. Women involved in this program are housed in the same dorm. It is not possible to take programming to the pods in the current facilities.
 - As of March 2018, 20 Pathways to Women's Health Living participants received vivitrol pre-release.
 - Recidivism data is collected for up to three years after release.
- Jail staff reported the send a daily sentencing report to the courts and mental health agencies, along with bookings and releases. It was unclear who at those agencies receive the reports.
- There is a new jail data system and many other criminal justice data systems throughout the county that are not integrated.



Court

- The Franklin County Prosecutor's Office offers a diversion from prosecution after indictment for some first-time non-violent offenders.
- The Columbus City Attorney's Office offers court diversion for underage drinking offenses, some theft offenses and traffic diversion.
- Job and Family Services Outreach Team offers a liaison at the Franklin County Court of Common Pleas and Municipal Court.
- At Municipal Court, it is a challenge when a person is acting out behaviorally; they may be transported to the nearest place (Netcare or jail); as a result, people may be arrested when otherwise need mental health services.

Specialty Courts

- According to the Supreme Court of Ohio Specialized Dockets Certification Status Sheet, as of March 27, 2019, Franklin County has the following specialized dockets:

Judge Name	Jurisdiction	Docket Type	Status March 27, 2018
Stephen F. McIntosh	Common Pleas	Drug	Certified
Dana S. Preisse	Juvenile	Drug	Initial Review
Dana S. Preisse	Juvenile	Family Dependency	Certified
David Tyack	Municipal	Drug	Certified
Jodi L. Thomas	Municipal	Drug – Opiate HART Extension	Certified
Paul Herbert	Municipal	Human Trafficking	Certified
Cindi Morehart	Municipal	Mental Health	Certified
Ted Barrows	Municipal	Veterans Treatment	Certified

- All specialty courts accept individuals with serious mental illness. Typically, defense counsel, pretrial staff or a Judge makes specialty court referral.
- Municipal Mental Health Court does not have an official caseload cap and averages 45 individuals. Criteria includes voluntary participation and a diagnosis of severe mental illness; some felony cases are eligible. Assessments completed within 6 months are utilized or assessments can be completed by court mental health professionals. Treatment teams are available for individuals with high risk/high need. The total time between enrollment and graduation is about 2 years. Outcome data is collected and reported to the Ohio Department of Mental Health and Addiction Services, Franklin County Commissioners and the court.

Veterans

- The Veterans Administration (VA) provides in-reach services to the jail.
- Information collected from the Veterans Reentry Search Services is provided to the courts.

Intercept III – Identified Gaps

- ▣ Jail programming cannot be taken to all pods in the facility
- ▣ Peer support in the jail
- ▣ Communication between the Community Shelter Board and jail/court
- ▣ Information on jail programming is not shared with court
- ▣ Continuation of programming started in jail upon release
- ▣ 12 Mayor Courts that do not have access to pretrial services and officer discretion on whether people go to Municipal or Mayor's Courts
- ▣ Individuals restored to competency and released may not have follow-up services
- ▣ Separate space for Veterans in the jail

Intercept III – Identified Opportunities

- ▣ Begin recidivism tracking to measure services
- ▣ Office on Aging to assist with special programming for an increasingly aged jail population
- ▣ New county jail being built
- ▣ Currently, there are 32 different social service programs within the jail.
- ▣ Decision Points is an evidence-based practice that is open and could be offered in the jail
- ▣ T4C offered by all Probation Departments – could potentially join forces to offer across the populations
- ▣ Programming/training for individuals 55+ in jail
- ▣ Will be piloting anti-psychotic long acting injectable medications in the Mental Health specialty court

Recommendations

- If, earlier in the encounter with individuals in the community, CIT officers are more consistently dispatched to calls for service that have a possible mental health component, the CIT program could institute a policy encouraging officers to direct individuals with suspected mental illness to the municipal court (in lieu of Mayor's Court) when arrest is necessary. This would provide greater opportunity for screening and diversion.

- Explore possibility that use of anti-psychotic Long Acting Injectable medications in jail may bridge the gap with individuals who have been restored to competency.

Intercept IV: Prisons / Reentry

The Franklin County Reentry Coalition has six subcommittees that focus on specific barriers to successful reintegration. Each subcommittee is comprised of members that may or may not be members of the larger coalition but have special interest or expertise in the subject matter. Each subcommittee also has members that have touch points in jail, prison, probation, parole and community-based correctional facility. The Coalition is comprised of the following subcommittees: behavioral health/health, housing, employment and education, faith, family and community; communication; and other involvement. The behavioral health/health subcommittee attends to the following: Pathways, jail liaison, The Ohio Department of Mental Health and Addiction Services Bureau of Criminal Justice and Forensic Services, better birth outcomes, and Medicaid expansion. More detailed descriptions of the objectives of each subcommittee are readily available through the coalition.

Prison

- Community Linkage referrals from the Ohio Department of Mental Health and Addiction Services (OMHAS) regarding individuals returning from prison to the community are sent to Netcare Access, the Alcohol, Drug and Mental Health Board of Franklin County, and the Reentry Coalition. In 2017, OMHAS completed 207 referrals to Franklin County.
- Netcare Access provides a pre-screen to individuals with mental health concerns prior to release.
- Individuals with mental health concerns are released with a 30-day supply of medications.
- Job and Family Services provides outreach services.
- The Office of Reentry provides monthly video in-reach and sends out resource packets to all individuals within 60 days of release from a state institution.
- The county utilizes the Franklin County Community Based Correctional Facility in Columbus, which has 200 beds for males and females and a multitude of programming.

Jail

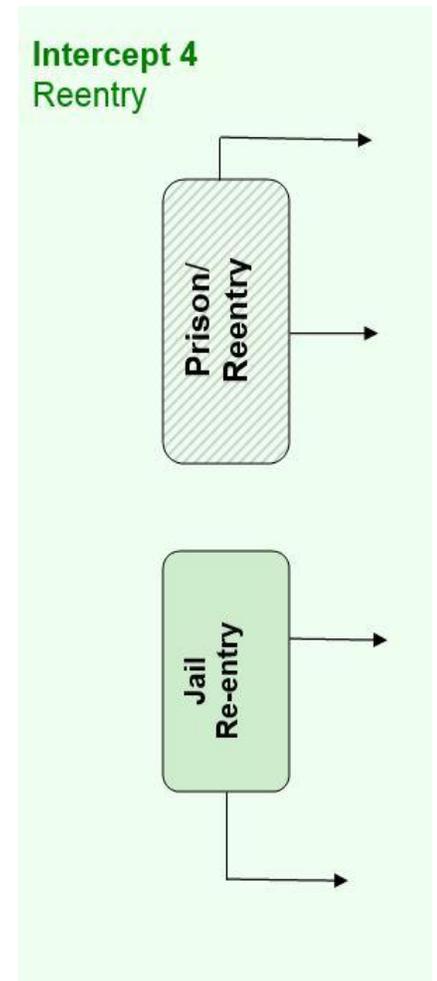
- Individuals are released with a printed reentry guide.
- Typically, NaphCare provides individuals with a 30-day prescription for medications, which is pre-paid at a pharmacy of their choosing as well as a discharge summary.
- Southeast, Inc., Volunteers of America and faith-based agencies provide in-reach, transition planning and linkage to services.
- IMPACT Solutions via Community Action provides reentry programming with a certified peer support specialist.

Veterans

- The Veterans Justice Outreach (VJS) liaison provides in-reach, transition planning and linkage to services.

Intercept IV – Identified Gaps

- ▣ Transition planning from County Jail is limited in capacity
- ▣ No formal referral process for services identified by reentry providers



- Staffing concern for the Southeast, Inc. reentry provider
- Clear Community Linkage instructions and coordination between mental health/substance use disorder linkage programs
- Upon release from prison an individual cannot call shelter hotline until homeless for a minimum of one night in Franklin County
- Netcare Access only has walk-in services available for Community Linkage referrals
- Transportation
- Release of information is required for continuity of care
- Inconvenient times for jail discharge/unknown release times
- Jail discharges individuals on a dangerous road that is illegal to walk on
- Individuals are released with no known residence
- Not all individuals receive jail in-reach services
- Provider in-reach through glass at the jail
- Housing continuum of care
 - Housing for sex offenders, violent felons, arsonists and individuals that are medically fragile

Recommendations:

- Institute a discharge planning protocol, e.g., comprehensive reentry checklist, across the populations to increase linkage and warm hand-offs for individuals not on probation or parole.

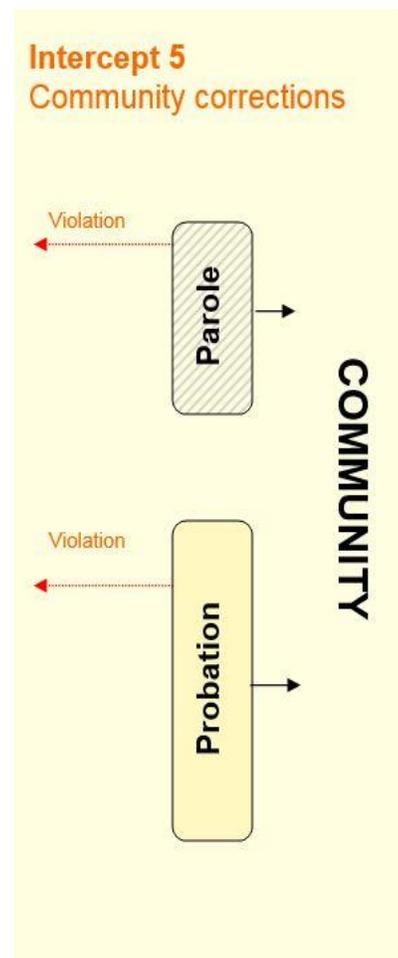
Intercept V: Community Corrections / Community Support

Probation

- Common Pleas Court has five Probation Officers with specialized caseloads for mental health with an average caseload of 45-70 per officer. Each specialty court has an assigned officer. All mental health officers are trained in Mental Health First Aid as well as receive additional offender need area specific training. Ohio Risk Assessment System (ORAS) results are used to determine supervision level and service referral. Officers utilize community mental health services for treatment and case-management services.
 - Southeast, Inc.'s Genesis Team is on-site one day/week and provides screening, treatment team meetings and referral to community services. Officers participate in team meetings and provide additional support through rapport building, assessments, case planning, bus passes when needed and more.
 - Franklin County Department of Job and Family Services is on-site two days/week to help with Medicaid applications.
- Municipal Court has one Probation Officer with a specialized caseload for the mental health court and one full-time officer and one part-time officer each with a specialized caseload for mental health. Licensed Independent Social Workers are available for assessments. Each specialty court has an assigned officer.

Parole

- Currently, there are 50 Parole Officers assigned to Franklin County. Each have a caseload average of 100. Individuals have access to a chemical dependency specialist, behavioral healthcare specialist, sex offender specialist and reentry coordinator. Participants at the mapping workshop reported a 27.8% recidivism rate.
- Six Parole Officers have completed the full 40-hour CIT training.



Community Supports

The following represents services, agencies and programs that were highlighted during the workshop and is not meant to be an exhaustive or comprehensive roster of all community supports available in Franklin County.

- Housing was identified as a significant gap for Franklin County. These existing services were highlighted:
 - Alcohol, Drug and Mental Health Board of Franklin County provides several housing options, which include:
 - 95 beds throughout several residential care facilities
 - 200 supportive housing units
 - 97 service enriched housing units
 - 615 independent apartments
 - The Shelter Board provides several housing options including Van Buren, Volunteers of America, Friends of Homeless, Faith Mission and Franklin Station.
 - Alvis House offers 135 supportive housing units across four sites.
 - Southeast, Inc. offers Carpenter House transitional living for women with substance use disorders and co-occurring disorders; Redmond for men with serious mental illness; and North Central Fowley House.
 - YMCA provides permanent supportive housing and Returning Home Ohio program.
 - VA offers 100 permanent supportive housing units.
 - 400 Halfway Houses throughout the county.
- IMPACT Solutions provides vocational and educational training as well as certified peer supporters.
- Southeast, Inc. provides certified peer supporters.
- Transportation access varies by resources. In some cases, agencies will provide transportation for their services and Probation Officers will provide bus passes.
- First Step offers a monthly meeting with 32 different programs represented.

Intercept V – Identified Gaps

- Training for Probation Officers re: mental health and/or CIT
- Transportation for individuals from the Municipal Probation Department to mental health treatment services
- Secure transportation for Probate Court hearings
- Lack of peer support services across intercepts
- Formal process/organization for CIT training Parole Officers

Intercept V – Identified Opportunities

- Mental Health First Aid for Probation Officers

Priorities for Change

Franklin County,
Ohio

Franklin County Priorities

Upon completion of the *Sequential Intercept Mapping*, the assembled stakeholders reviewed identified gaps and opportunities across the intercepts and then proposed priorities for collaboration in the future. After discussion, each participant voted for their top three priorities.

Listed below are the results of the voting and the priorities ranked in order of voting preference, along with issues or information associated with each priority as brainstormed by the large group which all agreed need to be considered by each sub-committee.

Top Priorities for Change

1. One stop drop off for MH/SUD; no wrong door 24/7 access with secure unit
2. Housing continuum of care
3. Peer support across all intercepts
4. Information sharing and common data platform
5. Transition planning from County Jail

Other Priorities – items receiving one or more votes during the prioritization process

- Bed capacity for detox services and Medicaid clients (6 votes, Intercept 1)
- Continuation of programming started in jail upon release (3 votes, Intercept 3)
- Inconvenient times for jail discharge/unknown release times (3 votes, Intercept 4)
- Educate the public on why dispatch asks certain questions and why law enforcement utilized protocols (2 votes, Intercept 1)
- All dispatcher trained on CIT and how to have a warm-hand off to Netcare Access crisis line (2 votes, Intercept 1)
- Communication between the Community Shelter Board and jail/court (2 votes, Intercept 3)
- Netcare Access crisis line and services are not advertised (1 vote, Intercept 1)
- Individuals that are restored to competency do not have follow-up services (1 vote, Intercept 3)
- Transportation (1 vote, Intercept 4)
- Netcare Access only has walk-in services available for Community Linkage referrals (1 vote, Intercept 4)
- Secure transportation for Probate Court hearings (1 vote, Intercept 5)

Parking Lot Issues

- Pay scale for dispatchers
- Access to Returning Home Ohio for jail releases
- Universal release of information form
- Private attorney guidance to agencies regarding disclosure of information

Additional Resources

BeST Practices in Schizophrenia Treatment Center (BeST Center)	www.neomed.edu/bestcenter/
CIT International	www.citinternational.org
Coalition on Homelessness and Housing in Ohio	www.cohhio.org
Community Oriented Correctional Health Services	www.cochs.org
Corporation for Supportive Housing	www.csh.org 40 West Long Street, Columbus, OH 43215-8955 Phone: 614-228-6263 Fax: 614-228-8997
Council of State Governments Justice Center Mental Health Program	www.csjusticecenter.org/mental-health
Crisis Text Line	www.crisistextline.org/
The Federal Bonding Program	www.bonds4jobs.com
Laura and John Arnold Foundation	www.arnoldfoundation.org
Lutheran Metropolitan Ministry Health & Wellness	www.lutheranmetro.org/home-page/what-we-do/health-wellness-services/ Phone: 216-696-2715 Email: mail@lutheranmetro.org
National Association of Pretrial Services Agencies	www.NAPSA.org
National Alliance on Mental Illness (NAMI)	www.nami.org
NAMI Ohio	www.namiohio.org
National Center for Cultural Competence	www.nccc.georgetown.edu
National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	www.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	www.store.samhsa.gov/home
National Criminal Justice Reference Service	www.ncjrs.gov
National Institute of Corrections	www.nicic.gov
National Institute on Drug Abuse	www.drugabuse.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Coordinating Center of Excellence	www.neomed.edu/cjccoe/
Ohio Department of Rehabilitation and Correction Ohio Reentry Resource Center	www.drc.ohio.gov/reentry-office
Ohio Ex-Offender Reentry Coalition	www.drc.ohio.gov/reentry-coalition
Ohio Housing Finance Agency	www.ohiohome.org Phone: 888-362-6432
Partners for Recovery	www.samhsa.gov/partners-for-recovery
Partnership for Prescription Assistance	www.pparx.org
Policy Research Associates/SAMHSA's GAINS Center	www.prainc.com
The P.E.E.R. Center	http://thepeercenter.org
Pretrial Justice Institute	www.pretrial.org
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
The Source for Housing Solutions - Ohio	www.csh.org/oh Phone: 614-228-6263 Email: ohioinfo@csh.org

Stepping Up Initiative	www.stepuptogether.org
Substance Abuse and Mental Health Services Administration	www.samhsa.gov
Summit County Reentry Network	www.uwsummit.org/programs/summit-county-reentry-network
Supreme Court of Ohio Specialized Dockets Section	www.supremecourt.ohio.gov/JCS/specdockets/default.asp
Treatment Advocacy Center	www.treatmentadvocacycenter.org
University of Memphis CIT Center	www.cit.memphis.edu
Vera Institute of Justice	www.vera.org
Veterans Justice Outreach	www.va.gov/HOMELESS/VJO.asp

**Sequential Intercept Mapping
Franklin County, Ohio | March 28 – 29, 2018**

Participant Roster

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Action Planning Matrix for Franklin County, Ohio

Priority Area 1: One stop drop off for MH/SUD; no wrong door 24/7 access with secure unit				
Objective		Action Step	Who	When
1.	Increase mobile crisis resource at Netcare, Inc.	A. Obtain funding resources – contact ADAMH, VA, City and County	Lt. Jeffrey Michelle Perry	November 2018? Once pilot has been in place for six months
2.	Partner Netcare, Inc. crisis line with Public Safety answering points	A. Nate Coffield (CPD) to contact Carrie Wiricle (Netcare, Inc.) to talk about partnership	Nate Coffield and Carrie Wiricle	April 2018
		B. Begin training of Netcare, Inc. crisis line clinicians	Nate Coffield and Carrie Wiricle	TBD
		C. Nate and Carrie to contact other safety answering points	Nate Coffield and Carrie Wiricle	TBD
3.	Review PCES Task Force recommendations	A. Review and work with PCES Task Force leadership team	Michael Daniels	Once report is completed
		B. Levy to fund the facility	?	?
		C. Data sharing platform	TBD	TBD
		D. Develop a monthly meeting for first responders, courts, and mental health crisis services to discuss issues	Michelle Perry and Lt. Jeffrey	May 1, 2018

Action Planning Matrix for Franklin County, Ohio

Priority Area 2: Housing continuum of care				
Objective		Action Step	Who	When
1.	Mental health system	<ul style="list-style-type: none"> A. Shelter residents need on going cm while in shelter B. Share community plan from CSG C. Contact ADAMH and bring stakeholders together 	Erin Paige/Mark	Now
2.	Immediate access	<ul style="list-style-type: none"> A. Drop in center (we have the space) B. First responder phone access (backdoor) C. Full staffing only at severe weather (we have physical space but not money for staff) 	All; take with provider; community planning ADHOC meetings	In process now
3.	Transportation	<ul style="list-style-type: none"> A. Bus stop at Van Buren B. Money no C. Transport from Jackson Pike Jail to DT jail for release D. Share com plan E. Identify stakeholder COTA/Sheriff/ADAMH 	Erin	
4.	Housing; multiple occupancy; rooming house	<ul style="list-style-type: none"> A. City regulations and licensing <ul style="list-style-type: none"> I. Standards II. CM – maintain standards III. Education for renters 		
5.	Justice	<ul style="list-style-type: none"> A. Coordination with Jail B. Pretrial SVC (add housing question to screening) C. Police: are you going to lose housing 	Paige and Judge Barrows Rhoads	Today

Action Planning Matrix for Franklin County, Ohio

Priority Area 3: Peer support across all intercepts			
Objective	Action Step	Who	When
1. Knowledge of criminal justice process	A. Training	Adult Parole, Probation, and Jail	2018-2019
2. Transportation; reentry plan execution	A. Peer "Uber" B. Next Appt. C. Housing, benefits, food, resources		
3. Specialty dockets	A. Add peers as part of the support team		
4. Educate Parole Authority on Peer Support	A. Training managers and staff at meetings		
5. Education/marketing of service			
6. First Step Friday Info Fairs	A. Staff a table with peers	Peer Center	

Action Planning Matrix for Franklin County, Ohio

Priority Area 4: Information sharing and common data platform

Objective	Action Step	Who	When	
1.	Address process and software challenges preventing Form 95 determinations from being input into LEADS and NCIC (technology issue)	A. Representation from SIM committee is represented in existing work group to assist and participate	Municipal Clerks, OSP, BCI, Law Enforcement/CPD, FCMC	Get next meeting date – ongoing group working on this
2.	(Legislative issue) Legislation to assist with the gap for identifying misdemeanors who are found not competent but cannot be restored and case is dismissed	A. Contact our legislator and advice of this issue	Legislators, defense bar/state, Pros. – OMAA Clerk	
3.	Improve data sharing at all contact points through booking process	A. Schedule meeting with parties	PTS, FCSO/Jail technology; Southeast, Inc., Defense Bar	
4.	Improve accuracy and timeliness of probate (detention 10-day) warrants in FCSO database	A. Schedule meeting with parties including IT admin.	Probate Court, Defense Bar, IT parties	
5.	(Legislative and Tech) Improve accessibility of Probate records to LE agencies	A. Contact legislator and advice on this issue	Legislators, Defense Bar, Probate, BSSA OACP	
6.	(Technological) Improve OCN format for ease of use when accessed thru OHLEG (vs. direct)	A. Work with AG Office to request assistance	Pros, AG/OHLEG	
7.	42 CFR/NIPPA	A. Legislative action to change at federal level B. Uniformed understanding as to what it currently means		

Action Planning Matrix for Franklin County, Ohio

Priority Area 5: Transition Planning from County Jail

Objective	Action Step	Who	When
<p>1. Increased number of Franklin County Jail inmates will be released with a transition plan.</p>	<p>A. Review existing transition plan template used by Southeast Inc. Team agreed that a “bare bones” transition plan was most realistic at this point. The plan will include next court date, housing situation upon release, benefits linkage, next treatment apt. if applicable, immediate transportation needs and quick overview of medications if applicable.</p>	<p>Liz Finnegan – will send transition plan template to Melissa for distribution out to the group.</p>	<p>By 3/31/18 DONE</p>
	<p>B. Reach out to Franklin County Job and Family Services to determine current status of the dedicated jail benefits navigator.</p>	<p>Charles Noble – will discuss with Job and Family Service team and report back.</p>	<p>By 4/16/18</p>
	<p>C. Determine if enrollment paperwork for benefits can be initiated prior to inmate release, which will pre-position for quick linkage immediately following release. Is a face-to-face meeting with Job and Family Service representative required?</p>	<p>Charles Noble</p>	<p>By 4/30/18</p>
	<p>C. Determine how lead partner agencies can better access existing information to assist inmates with creating a transition plan.</p>	<p>Captain Trowbridge, Chief Stobart, Molly Gauntner, and Melissa Pierson</p>	<p>By 5/31/18</p>
	<p>D. Develop better understanding of how the jail releases inmates so that partners can gauge whose transition plans should be prioritized. What % of time do we have a concrete release date and time?</p>	<p>All</p>	<p>On-Going Today</p>
<p>E. Determine how immediate post release transition planning could be conducted until jail space allows for partners to provide service (possibly).</p>	<p>All</p>	<p>12/31/18</p>	

Appendices



ASAM American Society of
Addiction Medicine

FOR IMMEDIATE RELEASE

MARCH 20, 2018

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American Correctional Association and American Society of Addiction Medicine Release Joint Policy Statement on Opioid Use Disorder Treatment in the Justice System

Statement supports access to all evidence-based treatment options

The American Correctional Association (ACA) and the American Society of Addiction Medicine (ASAM) released today a Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals. The statement includes recommendations to support correctional policy makers and correctional healthcare professionals in providing evidence-based care to those in their custody or under their supervision who have an opioid use disorder.

In supporting this joint policy statement, Dr. Lannette Linthicum, President of the ACA and a physician, believes that the corrections environment provides an ideal setting for the treatment of substance use disorders for those in the justice population. According to Dr. Linthicum, “we know that substance use disorders, including opioid use disorders, are markedly overrepresented in our incarcerated populations. This partnership with ASAM will enable us to enhance the treatment of our patients with substance use disorders. As we move forward together, these efforts will help change the course of the nation’s opioid crisis.”

“ASAM is pleased to join ACA in releasing this important statement, which makes clear that justice-involved individuals should have access to the same evidence-based treatment options that are available in traditional healthcare settings,” said ASAM President Dr. Kelly Clark. “We know that release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder and providing treatment access during incarceration and warm handoffs to community-based care upon release can help save lives.”

The statement’s recommendations cover screening, prevention, and treatment of opioid use disorder as well as reentry and community supervision considerations and education of justice system personnel. The full statement can be found on ACA’s website [here](#) and ASAM’s website [here](#).

The [American Correctional Association](#) (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole, jails and correctional public health. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 148 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and performance base standards and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional professionals and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907. At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association. At that same meeting, a Declaration of Principles was developed, which became the accepted guidelines for corrections in the United States and Europe. At the ACA centennial meeting in 1970, a revised set of principles reflecting advances in theory and practice was adopted. These principles were further revised and updated in January 1982 and in 2002.

The [American Society of Addiction Medicine](#) is a national medical specialty society representing over 5,500 physicians and associated professionals. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954 and has had a seat in the American Medical Association House of Delegates since 1988.



JOINT PUBLIC CORRECTIONAL POLICY ON THE TREATMENT OF OPIOID USE DISORDERS FOR JUSTICE INVOLVED INDIVIDUALS

2018-2

Introduction:

Seventeen to nineteen percent of individuals in America's jail and state prison systems have regularly used heroin or opioids prior to incarceration.ⁱ While release from jail and prison is associated with a dramatic increase in death from opioid overdose among those with untreated opioid use disorder (OUD), there are considerable data to show that treatment with opioid agonists and partial agonists reduce deaths and improves outcomes for those with opioid use disorders.^{ii,iii} Preliminary data suggest that treatment with an opioid antagonist also reduces overdose.^{iv} As a result, the 2017 bipartisan Presidential Commission on "Combating Drug Addiction and the Opioid Crisis" has recommended increased usage of medications for addiction treatment (MAT) in correctional settings.^v

Policy Statement:

The American Correctional Association (ACA) supports the use of evidence-based practices for the treatment of opioid use disorders. ACA and the American Society of Addiction Medicine (ASAM) have developed recommendations specific to the needs of correctional policy makers and healthcare professionals. These recommendations will enable correctional administrators and others, such as community corrections, to provide evidence-based care to those in their custody or under their supervision that have opioid use disorders.

ASAM recently published a document entitled *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*^{vi} that includes treatment recommendations specifically for individuals in the justice system. Pharmacotherapy, behavioral health treatment, and support services should be considered for all individuals with OUD that are involved in the justice system.

ACA and ASAM recommend the following for correctional systems and programs:

A. Screening/Prevention

1. Most deaths from overdose occur during the first few days following intake to the correctional facility. Screen all incoming detainees at jails and prisons using screening tools with psychometric reliability and validity that provide useful clinical data to guide the long-term treatment of those with OUD and with co-occurring OUD and mental disorders. Opioid

antagonist (naloxone) should be available within the facility and personnel should be trained on its use.

2. Pre-trial detainees screened upon entry that are found to be participating in an MAT program to treat OUD and who are taking an opioid agonist, partial agonist, or antagonist should be evaluated for continuation of treatment on that medication, or a medication with similar properties. There are effective models for continuing treatment with each of these medications in the justice system.
3. Pre-trial detainees and newly admitted individuals with active substance use disorders who enter with or develop signs and symptoms of withdrawal should be monitored appropriately and should be provided evidence-based medically managed withdrawal (“detox”) during the period of withdrawal. Validated withdrawal scales help gauge treatment. Several medications have been shown to improve withdrawal symptoms.

B. Treatment

1. All individuals who arrive into the correctional system who are undergoing opioid use disorder treatment should be evaluated for consideration to continue treatment within the jail or prison system. Individuals who enter the system and are currently on MAT and/or psychosocial treatment should be considered for maintenance on that treatment protocol.
2. Treatment refers to a broad range of primary and supportive services.
3. The standard of care for pregnant women with OUD is MAT and should therefore be offered/continued for all pregnant detainees and incarcerated individuals.
4. All individuals with suspected OUD should be screened for mental health disorders, especially trauma-related disorders, and offered evidence-based treatment for both disorders if appropriate.
5. Ideally, four to six weeks prior to reentry or release, all individuals with a history of OUD should be re-assessed by a trained and licensed clinician to determine whether MAT is medically appropriate for that individual. If clinically appropriate and the individual chooses to receive opioid use disorder treatment, evidence-based options should be offered to the individual.
6. The decision to initiate MAT and the type of MAT treatment should be a joint decision between the provider and individual who has been well informed by the trained and licensed clinician as to appropriateness of the therapy, as well as risks, benefits, and alternatives to this medical therapy. MAT should not be mandated as a condition of release. In choosing among treatment options, the individual and provider will need to consider issues such as community clinic or provider location/accessibility to the individual, insurance access or type and medical/clinical status of the individual.
7. Treatment induction for the individuals who choose treatment for opioid use disorder (MAT) should begin 30 days or more prior to release, when possible.

C. Reentry and Community Supervision Considerations

1. All individuals returning to the community who have an OUD should receive education and training regarding unintentional overdose and death. An opioid antagonist (naloxone) overdose kit or prescription and financial means (such as insurance/Medicaid) for obtaining the kit may be given to the individual, along with education regarding its use.
2. When possible, an opioid antagonist (naloxone) and overdose training should include the individual's support system in order to provide knowledge about how to respond to an overdose to those who may be in the individual's presence if an overdose does occur.
3. Immediate appointment to an appropriate clinic or other facility for ongoing treatment for individuals returning to the community with substance use is critical in the treatment of opioid use disorder. As such, ideally the justice involved population's reentry needs should be addressed at least 1 to 2 months prior to release in order to avoid any interruption of treatment.
4. Reentry planning and community supervision should include a collaborative relationship between clinical and parole and/or probation staff including sharing of accurate information regarding MAT.
5. Parole and probation staff should ensure that residence in a community-based halfway house or similar residential facility does not interfere with an individual's treatment of OUD with MAT.

D. Education

1. Scientifically accurate, culturally competent, and non-judgmental training and education regarding the nature of OUD and its treatment should be provided to all justice system personnel including custody officers, counselors, medical personnel, psychologists, community supervision personnel, community residential staff, agency heads and leadership teams.
 2. This training should include education about the role of stigma involving substance use disorders and the subtle but very real impact that stigma has on those suffering from substance use disorders and those treating them.
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This Joint Public Correctional Policy was unanimously ratified by the American Correctional Association Delegate Assembly at the 2018 Winter Conference in Orlando, FL. on Jan. 9, 2018. ⁱ BJS. (2017, June). Special Report. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009. ⁱⁱ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. *Ann Intern Med* 2013 Nov 5; 159(9): 592–600. ⁱⁱⁱ Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ* 2017;357:j1550

^{iv} Lee JD, Friedmann PD, Kinlock TW, et al. Extended-Release Naltrexone to Prevent Opioid Relapse in Criminal Justice Offenders. *N Engl J Med* 2016;374:1232-42. ^v <https://www.whitehouse.gov/sites/whitehouse.gov/files/ondcp/commission-interim-report.pdf> ^{vi} ASAM. National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (ASAM, 2015).

JAIL BOOKINGS

Please report most recent data available (12-36 months) and use a consistent time range throughout the report.

Person Completing Form (name/title) **Melissa Pierson, Deputy Director of Justice Services**

Time period being reported identify a recent six-month to one-year period)

Where available, CY 2016 and 2017 jail and booking data.

What is the rated capacity of the jail?	(insert number) Main Jail – 402 Jackson Pike – 1066 Total Beds – 1,468
What is the average daily total population of the jail?	2016 – 1922 2017 - 1967
What is the average number of total daily bookings?	2016 – 77 2017 - 79
What type of automated system is used to collect Jail Booking, classification, health and release information?	-Jail Management System (new JMS just went live in 2018) -Northpointe Classification System -NaphCare electronic records
Based on the total jail population for the time range being reported, please provide the number for each classification of inmate below: <i>(If unable to provide objective data on booking types, please provide estimated average percentage for each booking)</i>	
Pretrial Misdemeanor	2016 – 13,505 2017 – 14,189
Pretrial Felony	2016 – 7,665 2017 – 7,951
Probation Violation	2016 – Not available in old JMS 2017 – “ “
Sentenced local	2016 – Not available in old JMS 2017 – “ “
Sentenced awaiting transport	2016 – Not available in old JMS 2017 – “ “
Other (specify)	2016 -General Sentenced Population = 6,935 2017 – General Sentenced Population = 6,832
Is there a separate facility or unit for mental health? If not, where are persons with mental illness housed?	Yes. A specific Mental Health unit is available for those assessed at Classification or Intake as needing specialized unit. Inmates can also be placed at Twin Valley awaiting competency determination and/or even sentenced to Twin Valley to serve their sentence.
<i>The following section asks about people who were identified as having mental health issues for the timeframe being reported.</i>	
How many people, total, are identified as having a mental illness? Access to this data is limited for 2016 and ½ of 2017. To develop an estimate, data from 25 daily NaphCare reports were averaged.	-Avg daily population on a mental health medication = 211 -Avg daily population on suicide watch = 2

The classification system could be used as a method going forward; however, inmates are only screened after 72 hours so the figure wouldn't capture a large % of individuals released within 48 hrs.	
How many people identified as having a mental illness were identified by jail booking staff?	Would have to use the figure provided above as a rough estimate.
How many people identified as having a mental illness were identified while incarcerated (by corrections officers, health staff or others) <i>May be able to obtain this information from NaphCare based on the Brief Mental Health Screen results.</i>	Same response.
Is a specific screening tool mechanism used to identify individuals with mental illness? If yes, please name: <i>During the booking process, arrestees are offered a modified version of the Brief Jail Mental Health Screen by NaphCare medical staff. This screening tool will inform the Southeast Mental Health In Reach team and NaphCare staff as to whether additional assessment is warranted.</i>	Yes
Does your Booking/Automated system allow the Jail to identify or flag defendants with Mental Illness for future booking information?	Yes
What is the average daily population of persons with mental illness? <i>Based on an average of 25 daily NaphCare reports.</i>	-Avg daily population on a mental health medication = 211 -Avg daily population on suicide watch = 2
What is the average number of daily bookings of people with mental illness?	Data not readily available. Working toward capturing this data in new JMS.
What percentage of the pretrial population represents persons with mental illness?	Not available
What percentage of the sentenced population represents persons with mental illness?	Not available
CROSS TABULATION OF MULTI-SYSTEM DATA <i>For the entire population of persons booked into jail during the identified time range (open or closed cases):</i>	
Is Jail Booking information shared on a regular basis with public funded Mental Health, Substance Use Treatment or Developmental Disability Agencies? If so, how? <i>Jail booking information is not shared on a regular basis with system partners listed. Jail data is shared regularly with Veterans Administration.</i>	No, only the VA is receiving daily jail booking information.
How many people were known to the publicly-funded mental health system?	Data not readily available.
How many people accessed acute crisis services in the jail during the specified reporting period?	Data not readily available.
How many people were known to the publicly funded substance use treatment system?	Data not readily available.
How many people were known to the Developmental Disabilities system?	Data not readily available.
ADDITIONAL JAIL/OFFENSE-RELATED INFORMATION For those who are identified as persons with mental illness or co-occurring substance use disorder or developmental disabilities (by jail, other criminal justice, or treatment systems) during the reported time range, what are the nature of the charges?	
Misdemeanors	Data not readily available.
Felonies	Data not readily available.
Violent Behavior	Data not readily available.
Violations of Probation	Data not readily available.
Frequency - How many arrests / bookings per person? (average)	Data not readily available.
Length of stay in the jail for each episode of incarceration (average)	While current data is not readily available, Council of State Govts

	report for CY 2010 indicated individuals with an SMI had an average length of stay of 32 days versus 20 days for non SMI
DISCHARGE / REENTRY of individuals with mental illness or co-occurring disorders:	
How many people with mental illness or co-occurring disorders left the jail with financial benefits or entitlements in place?	Data not readily available.
How many people with mental illness or co-occurring disorders left the jail with a shelter as the identified residence? <i>Not able to capture this data specific to those identified with mental illness in the old JMS. Will ideally be able to pull this information from the new JMS.</i>	1385 inmates indicated "streets of Columbus" at time of booking. Not able to be broken down by SMI status.
How many people with mental illness or co-occurring disorders had no known residence?	Data not readily available.
How many people with mental illness or co-occurring disorders left the jail with an appointment at a mental health or other treatment service?	Data not readily available.
How many people with mental illness or co-occurring disorders had contact with a helping professional from the community to facilitate reentry?	The Pathways to Womens Healthy Living provided reentry planning to 126 females during 2016 and 2017.

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system require meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides the CJ CCoE with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

Please note that it is preferable not to have separate questionnaires filled out by various key stakeholders.

This information helps prepare the CJ CCoE for providing the best direction during the training about the points of intervention most useful in your community. This document can be filled in and returned by way of email to rsimera@neomed.edu

Community: Franklin County, OH				
Contact Person: Melissa Pierson	Phone 614-525-5563	Email mspierson@franklincountyohio.gov		
Please check the appropriate box for each and provide descriptions as necessary.			YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	X		
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please attach the membership list by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i> Reference attached.	X		
3	Does your community provide for cross-training of mental health, substance use, criminal justice and other providers? <i>If yes, please list recent programs:</i> Nothing formal offered outside of CIT training for Public Safety. Agencies collaborate on a regular basis but a formal cross-training schedule is not in place.	CIT	X	
4	Does your community have resources identified to work with people with mental illness and co-occurring disorders in the criminal justice system? <i>Please describe:</i> Franklin County has significant resources available to work with individuals identified with mental illness and/or co-occurring disorders. Southeast Inc is a primary provider of in-reach services in the jail including assessment, referral and linkage as well as MAT services. Several mental health and AOD treatment providers are available for post release referral; however, if the individual isn't on probation or parole, linkage coming out of the jail is limited. Waiting lists are a reality for this population. ACT slots are limited and case management as a routine service is often not offered. NaphCare, the new jail medical services provider has expanded staffing (over previous medical services provider) to offer mental health services.	X		

5	<p>Do agencies have dedicated staff or staff time to work with the criminal justice/mental health population? <i>Please describe:</i> Yes, most of the mental health treatment agencies do have staffing available to work with the CJ population.</p>	X	
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i> In 2013, Franklin County engaged in a year-long data driven initiative with the Council of State Governments to identify the prevalence of justice involved individuals with mental illness. This initiative solidified our belief that the jail had truly become our largest mental health hospital. Unfortunately, the data collection coming out of that initiative was arduous and more than anything, identified where our lack of data collection due to siloed systems is most prevalent.</p> <p>Information sharing remains a challenge today. While the Franklin County Sheriff's Office has installed a new Jail Management System which will allow for more robust data collection with regards to the inmate population, the routine sharing of relevant mental health and AOD information between justice and behavioral health partners remains limited. Securing a universal release of information is a major goal for the stakeholders.</p>		X
7	<p>Does your community have one or more boundary spanners (individuals whose identified role is to link the criminal justice and mental health systems)? <i>Please describe the position and the person(s):</i> The Office of Justice Policy and Programs (OJPP) has not officially been identified as a "boundary spanner" but likely could/should play that role for our community. OJPP serves as the administrative agency to the Franklin County Criminal Justice Planning Board.</p>	X	
8	<p>Does your community have mechanisms, such as MOUs or other agreements, to facilitate services, facilitate communication or enhance safety across agencies or systems? <i>Please describe or if possible, provide copies of MOUs:</i> At a micro level, yes. Several justice and human service organizations have partnerships established, often driven by the receipt of grant funding or the sheer nature of their business, i.e. law enforcement's interactions with crisis services (Netcare) and the hospital emergency departments. In terms of a standardized approach or agreement to enhance safety and/or facilitate communication at a Countywide level, no.</p>	X	X

9	<p>Are there any local agencies that have not participated in collaboration efforts? <i>Please describe:</i> No, collaboration isn't an issue for Franklin County. The ability to free up resources to address the issue of mental illness in the justice system is a challenge for many organizations, especially law enforcement and corrections. Given the impact the opiate epidemic is playing on justice involved families, additional collaboration with Children Services would be beneficial.</p>		X
10	<p>Does your community have any jail or court diversion programs at this time? <i>Please describe:</i> The Franklin County Prosecutor's Office offers a diversion from prosecution after indictment for some first-time non-violent offenders. The Columbus City Attorney's Office offers court diversion for underage drinking offenses, some theft offenses and traffic diversion. Law enforcement officers, for the most part, have some discretion to issue a citation over transport to jail.</p>	X	
11	<p>Does your community have a mental health, drug or other specialty court? <i>Please describe:</i> The Franklin County Municipal Court has the following specialty dockets: Drug, Human Trafficking (CATCH), Opiate Specific, Mental Health, Veterans and Environmental. The Franklin County Common Pleas Court operates a Drug Court. Upper Arlington and Whitehall (soon) operate their own specialty Mayor's Drug Courts.</p>	X	
12	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe or if possible, provide copies of MOUs.</i></p> <p>Because of the opiate epidemic, several law enforcement and behavioral health organizations have developed formalized MOU's. Outside of these activities and special initiatives often inspired through grants, there doesn't exist a formal or standardized mechanism to facilitate partnerships Countywide. (Copies of existing MOU's between behavioral health agencies and the HOPE Taskforce and REACTT programs will be sent upon receipt)</p>		X
13	<p>Have screening or assessment procedures been instituted in the mental health, substance use and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i> No, not a standardized tool used by all stakeholders. Each discipline is currently using their own diagnostic screening and assessment tools.</p>		X

14	<p>Does your community use criminogenic risk assessment tools among the justice involved individuals with mental illness? <i>Please describe:</i> The Ohio Risk Assessment System (ORAS) developed by the University of Cincinnati is widely used by justice practitioners in Franklin County, including Probation, Parole and some providers working with the justice involved population. Tailoring of the tool to specifically work with individuals with mental illness has not been implemented.</p>	X	
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i> Prison Reentry: Limited due to capacity and system issues but efforts to implement reentry planning prior to release by the Ohio Department of Rehabilitation and Correction have improved. Franklin County now sends out resource packets to all individuals within 60 days of release from a state institution. Jail Reentry: At the local level, limited re-entry services are being provided prior to release from the County jail. Pathways to Women's Healthy Living is currently being implemented in the jail for females with a mental health diagnosis and re-occurring history of jail bookings. While limited in the number able to be served, significant reentry services are offered to the participants.</p>	X	
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive? Limitations of local Corrections and LE's ability to engage in multiple specialized initiatives targeting the same populations; Limitations as it relates to the ability to share information; Limitations of LE's ability to transport individuals at request of behavioral health organizations; Limitations of the Court system due to significant dockets; Limitations on Corrections to serve as a quasi mental health institution.</p>		
17	<p>Please describe any other examples, other than what is already listed in this questionnaire, of successful collaboration between criminal justice and mental health. Southeast In Reach Team at the Jail. Municipal Court Pre-trial Supervision Unit now available to identify and support jail diversion for justice involved individuals with a history of mental illness. Job and Family Services dedicated navigators for the justice involved population. Implementation of the Pathways to Women's Healthy Living program. Contracting of NaphCare, new jail medical services providers significantly expanded the range of mental health services available.</p>		
18	<p>What would you list as your community's strengths? Collaboration, Resources, Political Will and Support</p>		

19	<p>What would you list as your community's biggest challenge at this time?</p> <p>Information sharing challenges due to siloed information systems and misapplied HIPAA restrictions; Bail reforms; Duplication of assessment efforts due to lack of information sharing; the Opiate Epidemic; Disproportionate Minority Contacts in the Justice System and Mentally Ill in the Justice System.</p>
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